

*****The opinions expressed in this report are those of the event participants and do not necessarily reflect the official views of the Public Health Agency of Canada.*****

Final Meeting Report from the Roundtable Session on “Back to Sleep”

Co-hosted by the Public Health Agency of Canada (PHAC)

and

The Canadian Foundation for the Study of Infant Deaths (CFSID)

Sunday, October 26, 2008, Niagara Falls, Ontario

Background

The roundtable session on *Back to Sleep* provided an opportunity for members in the research and health care fields to voice their professional views and findings concerning Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Death in Infants (SUDI). (See Appendix A for a list of participants.)

The Public Health Agency of Canada provided a meeting package including the following:

- Agenda (See Appendix B.)
- Chart outlining key issues related to SIDS and Safe Sleep
- Overviews on the Canadian Foundation for the Study of Infant Deaths (CFSID) and the Public Health Agency of Canada (PHAC)
- Key Research Papers/Reports
- Canadian and International Safe Sleep Resources/Guidelines
- *Back to Sleep* brochure
- Joint Statement *Reducing the Risk of Sudden Infant Death Syndrome in Canada*

The intention of the roundtable was not to come to consensus on all of the issues, but to assemble a spectrum of knowledge, evidence and insights that could serve as a foundation for future activities related to SIDS and Safe Sleep, including revisions to the *Back to Sleep* brochure.

[The *Back to Sleep* brochure](#) is primarily distributed to health centres, community based organizations and hospitals. The Public Health Agency of Canada currently distributes over 240,000 copies a year. Revisions are required not only to improve the current content but to expand the scope to include information on reducing the chances of a baby dying from SIDS or other SUDI (e.g. accidental death) during sleep time.

Introduction to the Roundtable

The facilitator welcomed the experts and encouraged their input and observations regarding modifiable risk factors and other factors as they relate to SIDS and SUDI. She indicated that their knowledge regarding epidemiology and pathophysiology would be crucial to guiding the discussion and assist with developing consistent messages to parents and caregivers of infants.

General Comments by Participants during Opening Introductions

There has been some reduction in infant deaths caused by SIDS during the past few years as a result of efforts to inform parents about modifiable risk factors. However, one participant felt that there has been an overemphasis on the study of SIDS epiphenomena (risk factors) and minimal support for basic research to define the actual biological underpinning of SIDS. Currently, there is not a lot of funding for research as SIDS is not classified as a “rare disease”.

It was noted that Quebec is developing a safe sleep leaflet and experts have reached consensus on the content. Quebec has decided to address the following:

- No smoking during pregnancy;
- Back to sleep;
- Safe sleeping environment – no pillow, no sofa sharing, no bedsharing if you are more tired than usual or if you have consumed drugs, medication or alcohol.

The Quebec leaflet will also include good practices already undertaken by parents, e.g., breastfeeding, room sharing, playing, and cuddling. Further information can be obtained from Dr. Aurore Côté.

It was decided that the PHAC brochure should focus on infant mortality as an issue, i.e., how to reduce risks and prevent deaths during sleep time in the first year of life.

It was also agreed that PHAC should consider developing a more detailed health care professional guide to accompany the new brochure.

Review of Chart and Open Discussion on Key Issues of SIDS and Safe Sleep

Prior to the roundtable, a chart was mailed to all participants for their review and comments. The chart was used during the roundtable to assist in prioritizing key issues related to SIDS and Safe Sleep. While reviewing the chart it was agreed that the following priority issues would be discussed in more detail during an open discussion:

1. Tobacco Use
2. Crib is Best
3. Positional Plagiocephaly
4. Breastfeeding

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A detailed list of comments made can be found in Appendix C – *Back to Sleep: Chart on Key Issues related to SIDS and Safe Sleep*; however, the following summarizes the key points raised with respect to discrepancies, gaps, etc. *Please note that these are perspectives and opinions raised by various participants, not points on which there was consensus, unless otherwise stated.*

Cover

- The reference on the cover to three babies dying of SIDS per week is outdated.
- A more general statement that does not refer to statistics should be used on the cover.
- Consider not mentioning SIDS at all on the front cover and using a title such as “Safe Sleep for Babies” or “Back to Sleep: Safe Sleep for Babies” instead.
- The focus of the brochure needs to be clear – causes of infant death occurring during sleep – and determine the terminology to be used, taking into consideration how parents will interpret the information.
- Focus testing will be required to ensure that the messages in the new brochure effectively reach the intended audience.
- Limit the brochure to three or four key messages.

Sleeping Position

- It was agreed to reinforce “back is best” as a key message.
- It was also agreed that the following sentence should be deleted in the brochure: “Some babies have a medical problem that means they must sleep on their tummy.”

Positional Plagiocephaly (flat spots)

- Positional plagiocephaly should be mentioned briefly in the brochure, with a reference to another resource online.
- It was noted that, although this is an issue that should be addressed, too much information in the same brochure, along with too much emphasis on plagiocephaly will both weaken and diminish key messages regarding safe sleep.
- Flat spots are reversible and not as serious when compared to death due to an unsafe sleep position.
- Flat spots could be occurring more now because of infants spending extended periods of time in car seats, carriers and infant swings.
- “Tummy time” can be emphasized to reduce the risk of flat spots and encourage development (e.g., acquiring strength in neck muscles)
- While tummy time helps to reduce plagiocephaly, there is no evidence that it reduces any risk of sudden death.
- It is important to be clear about how much tummy time, when and how.
- Body image is an issue with parents so they will listen to these messages.

Baby Bedding

- Include some detail as to the types of cribs to look for.
- There may not be enough room in the parents’ bedroom for a full-size crib – it will be important to offer guidance on alternatives.
- Low-income groups are less likely to have access to a crib.
- Avoid adult pillows and comforters.

Bedsharing / Crib is Best

- One message should be that there are different causes of death in babies that die during sleep, not just SIDS, but also due to an unsafe sleeping environment.
- The sleep location message should point out that a crib is the best and safest choice for the baby, especially if sharing the room with a parent.
- The main reasons people bed share are: they think it is the safest place for their baby, because they are breastfeeding, or feel they can provide more supervision of the baby if they're in the same bed. Another way to accomplish this is to room share without bedsharing.
- No adult bed is a safe place for an infant to sleep, so some participants felt there should be no mention of "how to bedshare safely."
- Alternatively, another person felt that if bedsharing is mentioned, there should be a list of ways to lower the risk of accidents that typically happen as a result of bedsharing, e.g., avoid using tobacco, alcohol or other drugs, etc.
- It was pointed out that bedsharing and smoking should not be combined as they are also risks individually, although there is evidence of increased risk if you bedshare and smoke.
- Concern was then expressed that a harm reduction message about bedsharing will provide reassurance to parents that bedsharing is acceptable.
- One participant mentioned that there is no real evidence that the common sense harm reduction messages do in fact reduce harm.
- There will always be people who take extra precautions and then end up increasing risk, e.g., adding a bed rail to an adult bed, thereby causing entrapment.
- A safe sleeping environment may reduce the risk of SIDS and prevent other causes of infant death occurring during sleep.
- The CFSID has received feedback from parents on the Back to Sleep Brochure. Most parents didn't read the brochure because they felt that SIDS was something that could not happen to their family (denial). All parents felt that they may have read the brochure if it did not say "Risk" on the front cover, but rather "Safety".
- Reference was made to the Fleming study entitled, *Sudden infant death syndrome and sleeping position in pre-term and low birth weight infants: an opportunity for targeted intervention.*¹

A Smoke- and Drug-Free Environment

- It was agreed that a new brochure should encourage a smoke-free environment before, during and after pregnancy (including smoking by the mother and others).
- It was agreed that smoking should be dealt with separately and not combined with alcohol and recreational drug use messages.
- The emphasis should be on pre-natal smoking because it carries a much higher risk of SIDS. There is an additive risk if there is post-natal exposure. A 100% smoke free environment is therefore recommended both in the pre-natal and post-natal periods, especially given that society's attitudes towards second-hand smoke are changing.

¹ Blair PS, Platt MW, Smith IJ, Fleming PJ. Sudden infant death syndrome and sleeping position in pre-term and low birth weight infants: an opportunity for targeted intervention. Arch Dis Child 2006; 91(2):101-6.

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- It was noted that by continuing to smoke post-natal, the risk of SIDS is increased, especially during bed sharing time with an infant.
- The secondary tobacco-related message should be on second-hand smoke from people other than the mother.
- One individual pointed out that disadvantaged populations have had a higher risk of SIDS, in part because low income groups are more likely to smoke.
- The issue of other substance use was also raised since marijuana, crack, cocaine and heroin are also risks for increased SIDS. There are some parents who continue to use marijuana after they have stopped smoking tobacco, so these issues need to be treated separately.
- One roundtable participant felt that, given that drug and alcohol use is low in both pre-natal and post-natal periods, it may not be the best use of space to focus on these issues.
- Reference was made to the Australian pamphlet SIDS and Kids safe sleeping² and how tobacco use is dealt with in it.
- The RNAO Workgroup on Safe Infant Sleeping practices has submitted a request to develop an RNAO Best Practice Guideline on Safe Infant Sleeping Practices. [It is anticipated that the proposal will be accepted in the spring of 2009 and it may take a year to develop guidelines.]
- Messages concerning tobacco, alcohol and other drugs should be evidence-based; it was noted that the evidence of risk for SIDS is much greater for tobacco smoke.

Dressing Baby for Sleep

Keep your baby warm — not hot.

- The message on overheating should be removed as it is an issue only for infants placed on their stomachs to sleep.³

Breastfeeding

- There is some evidence that there is a protective effect of breastfeeding with respect to SIDS. Newer studies may change some of the balance of the weight of evidence on this.
- However, inclusion of this reference to breastfeeding was questioned as there may be confounding factors as to why the rate of SIDS is lower for breastfed babies, e.g., most mothers who breastfeed are not smokers.
- Some felt a breastfeeding message was inappropriate as it is not specific to this issue, while others thought that it is a simple, general message that fits.

Back Cover

- No comments.

² National SIDS Council of Australia (SIDS and Kids): SIDS and Kids safe sleeping.
<http://www.sidsandkids.org/documents/SidsSafeSleeping14ppa.pdf>. (Accessed November 8, 2008)

³ Mitchell E. Recommendations for sudden infant death syndrome prevention: a discussion document., Arch Dis Child. 2007 Feb;92(2):155-9. Review.

Gaps

The gaps in the current brochure were identified as:

- Pacifiers – Although the evidence is not substantive in this area, it does show that pacifier use during the last sleep may be associated with reduced risk of SIDS. Rather than actively promoting pacifier use, the group felt it would suffice to say that if your baby has started to use a pacifier, continue to offer it at sleep time.
- Room sharing – the evidence is not conclusive but it does seem to suggest that it offers protection.
 - Room sharing should be added as a key message and reinforced as a good practice.
 - Room size is a barrier to room sharing as many bedrooms do not have room for an adult bed and full-sized crib.
- Unsafe sleeping products – Emphasize product safety information (bassinets, playpens, car seats, bedding, etc.).
- Unsafe sleeping surfaces – A wide range of unsafe sleep surfaces should be addressed.

General Comments

There were a number of other general comments on the brochure that have been detailed in Appendix C. The key points are:

- The focus should be on how to reduce risks of death in the first year of life, including risk factors related to both SIDS and other causes of sudden death in infancy (SUDI).
- The safest sleep position is on the baby's back – babies coming home from the hospital should be placed to sleep on their backs (many infants are placed on their stomach and side while in the hospital and parents repeat this observed behaviour).
- To support the brochure, PHAC should consider developing a more detailed document for health care professionals with evidence-based guidelines.
- It is important to stage the information in the brochure for the pre-natal period, the time immediately after birth and the post-natal period.
- A large proportion of the population does not speak English or French, so the illustrations will have to be very clear about the risks.
- The brochure should be simple, but not so simple as to leave out important messages.
- The brochure should have lots of visual interest, but the images and graphics need to be carefully chosen.
- The brochure should meet the needs of those with low literacy levels.
- Messages need to be tailored so that they can be embraced by different cultures, such as Aboriginal peoples (e.g., see "Look up to Our Ancestors" SIDS brochure⁴).
- Distribution mechanisms should be reviewed to allow for increased dissemination.
- The advice given should not be controversial.
- There is no scientific evidence that sleeping in an upright position, as in a car seat or infant swing, is a risk factor for SIDS.
- Modifiable risk factors should be the focus.

⁴ The National Indian & Inuit Community Health Representatives Organization (NIICHO): Look up to Our Ancestors. <http://www.sidscanada.org/images/pdfs/SIDS-brochure-E.pdf>. (Accessed November 24, 2008)

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Wrap-up and Next Steps

The next steps in the process are as follows:

- Produce and circulate the meeting report
- Draft the revised brochure
- Consult with other health groups
- Circulate feedback to the roundtable group
- Focus test the brochure
- Finalize and produce the brochure.

Participants were encouraged to submit their suggestions for dissemination vehicles for the brochure, such as through the CFSID online course or nurses' organizations.

Given that there are many groups working on statements, guidelines and public messages on this issue, it was felt that it would be worthwhile letting stakeholders know that the brochure is being updated. Stakeholders will be asked to send in their resources. (e.g., the Hospital for Sick Kids is developing a resource.)

Appreciation was expressed for the participants' valuable input and ongoing involvement in advising PHAC on the issues surrounding safe sleep.

Appendices

Appendix A – Participants' List

Appendix B – Agenda

Appendix C – *Back to Sleep* Chart on Key Issues related to SIDS and Safe Sleep

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Cat. No. HP5-80/2009E-PDF

ISBN 978-1-100-11716-4

Roundtable Session on <i>Back to Sleep</i> – Participants’ List – October 26, 2008	
Experts	
Dr. Fern Hauck	Associate Professor of Family Medicine and Public Health Sciences, Director, International Family Medicine Clinic, Department of Family Medicine, University of Virginia Health System, SIDS Researcher and Family Physician, USA
Dr. Ian Mitchell	Professor, Department of Paediatrics, Division of Respiratory Medicine, University of Calgary, SIDS Researcher
Dr. Rachel Moon	Paediatrician, Children's National Medical Center and George Washington University, Researcher Safe Sleep, USA
Dr. Ernest Cutz	Pathologist, Department of Paediatric Laboratory Medicine, Hospital for Sick Children in Toronto
Dr. Aurore Côté	Pediatric Respiriologist, Associate Professor of Pediatrics at McGill University and a member of the Pediatric Respiratory Division of the Montreal Children's Hospital, SIDS Researcher
Dr. Lynne Warda (via teleconference)	Pediatric Emergency Physician, Medical Director of IMPACT, Associate Professor of Pediatrics and Child Health at the University of Manitoba and Chair of the Injury Prevention Committee of the Canadian Pediatric Society (CPS)
Dr. Denis Leduc	Paediatrician, Associate Professor of Paediatrics at McGill University Hospital Centre, attending Physician at the Montreal Children's Hospital, associate paediatrician in the neonatal and developmental paediatrics department at the Royal Victoria Hospital, Past President of the CPS
Dr. Milton Tenenbein	Professor, Department of Pharmacology and Therapeutics, Department of Pediatrics and Child Health, Children's Hospital University of Manitoba, former member of the CPS Board of Directors and past chair CPS Injury Prevention Committee
Helen Tindale	Registered Nurse, B.Sc.N., P.H.N. Registered Nurses Association of Ontario (RNAO)
Karen Bridgman-Acker	MSW, RSW, Paediatric Death Review Committee
Canadian Foundation for the Study of Infant Deaths (CFSID) Representatives	
Mary McCormick	Executive Director, CFSID
Irene Morgan	CFSID, Board of Directors
Andrea Clement-Christie	CHAIR, CFSID, Board of Directors
Federal Government Representatives	
Catherine McCourt (via teleconference)	Director, Health Surveillance & Epidemiology Research, Public Health Agency of Canada (PHAC)
Jennifer Anderson & Julie Voorneveld	Division of Childhood & Adolescence, PHAC
Megan Fairfull & Gail Salminen	Healthy Environments & Consumer Safety, Health Canada
Facilitator	
Janet Nevala	Nevala Consulting, Ottawa

Agenda
Roundtable Session on “Back to Sleep”
Co-Hosted by the Public Health Agency of Canada (PHAC) and
The Canadian Foundation for the Study of Infant Deaths (CFSID)
Sunday, October 26th, 2008
Niagara Falls, Ontario

The roundtable session is an opportunity for members in the research and the health care field to voice their professional views and findings concerning Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Death (SUD) in infants. The intention of the roundtable is not to come to consensus on all the issues, but to assemble a spectrum of knowledge, evidence and insights as a foundation for future activities related to SIDS and Safe Sleep, including the Back to Sleep brochure.

1:00	Coffee & Conversation	All
1:30	Welcome and Overview	Jennifer Anderson Mary MacCormick
1:45	Review of Chart on Key Issues of SIDS & Safe Sleep	Janet Nevala, Facilitator
2:00	Identify Priority Issues for the Open Discussion	Invited Experts
2:45	Open Discussion on Identified Priority Issues	All
4:00	Next Steps	Jennifer Anderson
4:15	Evaluation & Adjournment	Janet Nevala

“Back to Sleep” Chart on Key Issues related to SIDS and Safe Sleep

Please note that the following points represent a compilation of opinions about the issues raised during the Roundtable. Since the evidence in some areas is not clear, these points should not be interpreted as fact.

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
<p>Front Cover: <i>Back to Sleep:</i> Each week, 3 babies die of SIDS in Canada. According to the latest research, there are things you can do to reduce the risk of Sudden Infant Death Syndrome (SIDS): Call 1-900-END-SIDS.</p>	<p><i>Suggested New Titles:</i> 1) <i>Back to Sleep:</i> Creating a Safe Sleep Environment for Your Baby 2) <i>Back to Sleep:</i> Safe Sleep for Babies 3) <i>Back to Sleep:</i> Safe Sleep Tips for Your Baby</p> <p><i>Comments received prior to the roundtable:</i> Include message: “Share this information with everyone who cares for your baby”</p>	<ul style="list-style-type: none"> ▪ The reference to three babies dying of SIDS per week is outdated. ▪ Some parents have indicated that they are turned off by this statistic and/or feel SIDS cannot happen to them. ▪ SIDS is no longer the leading cause of postneonatal death for infants (rather, it is congenital anomalies). However, as SIDS rates have fallen, there has been an increase in the proportion of other Sudden Unexplained Deaths in Infants (SUDI) cases. ▪ The differentiation between SIDS and other causes of sudden death in infancy can be very difficult. What may be SIDS in one jurisdiction is asphyxiation in another. ▪ People are aware of SIDS, but don’t know what SUDI relates to. Should not try to distinguish between the two because the definitions are changing and are overlapping. ▪ Consider not mentioning SIDS at all on the front cover and using a title such as “Safe Sleep for Babies” or “Back to Sleep: Safe Sleep for Babies” instead. ▪ The focus of the brochure needs to be clear – safe sleep practices for infants – and determine the terminology to be used taking into consideration how parents will interpret the information. ▪ Consider expanding the brochure beyond 12 months of age up

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
		<p>to 2 years old to ensure that parents don't relax their safe sleep habits as a result of the definition of SIDS.</p> <ul style="list-style-type: none"> ▪ A more general statement that does not refer to statistics should be used on the cover. CFSID would like to see the word "safe" or "safety" on the front cover. ▪ Focus testing needs to be done to ensure that the messages effectively reach the intended audience. ▪ Limit the brochure to three or four key messages. ▪ Could also congratulate parents for the safe practices they're already using (room-sharing, cuddling, etc.) ▪ Support to include a message to share information with everyone who cares for your baby given the SIDS risk that exists in non-parental child care.
<p>Sleeping Position</p> <p>SIDS is less common in babies who sleep on their back.</p> <p>Put your baby to sleep on his or her back on a firm flat surface. You do not need anything special to do this. Babies who sleep on their back are not more likely to choke. Some babies have a medical problem that means they must sleep on their tummy. Ask your doctor which position is best for your child.</p> <p>Older babies may be able to turn on their</p>		<ul style="list-style-type: none"> ▪ It was agreed that the following sentence should be deleted: "Some babies have a medical problem that means they must sleep on their tummy." ▪ Suggestion to change first sentence to "Babies who sleep on their backs have a decreased risk for SIDS". ▪ Re-enforce that back is best. ▪ Sentence on choking probably useful.

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
own from their back to their tummy. It is not necessary to force babies to sleep on their back when they are able to turn from their back to their tummy on their own.		
<p>Positional Plagiocephaly (flat spots)</p> <p>When the baby is awake and being watched, some "tummy time" is necessary for the baby's development. This will also avoid temporary flat spots which sometimes develop on the back of their head from lying on their back.</p>	<p><i>Comments received prior to the roundtable:</i> information outdated – include more preventative info; increase “some” tummy time to “several” times a day; include info on changing the direction that your baby lies in the crib from one week to the next; include message “avoid too much time in car seats, carriers, and bouncers while the infant is awake”; include message “lots of "cuddle time" with the baby by holding him or her upright over one shoulder often during the day when awake.”</p>	<ul style="list-style-type: none"> ▪ Some parents are no longer placing infants on their backs to sleep because they are concerned about the esthetics of flat spots. ▪ Parents are overly concerned about flat spots. ▪ Flat spots are occurring more now because of infants spending extended periods of time in car seats and carriers when it is not sleep time. ▪ This should be mentioned briefly in the brochure by making reference to another resource online for more information. ▪ “Tummy time” can be emphasized to reduce the risk of flat spots and encourage normal development (acquiring strength in the neck muscles). ▪ Flat spots are reversible. ▪ There is no evidence on the relationship between tummy time and SIDS. ▪ Tummy time is helping to reduce plagiocephaly, but there is no evidence that it reduces any risk of sudden death. ▪ It is important to be clear about how much tummy time, when and how. ▪ Body image is an issue with parents so they will listen to these messages.
<p>Baby Bedding</p> <p>Avoid soft mattresses, fluffy pillows,</p>	<p><i>Comments received prior to the roundtable:</i> replace “fluffy” pillows with “avoid all pillows” ;</p>	<ul style="list-style-type: none"> ▪ Include some detail as to the types of cribs to look for. ▪ Include info that cribs made before 09/1986 or without a label are unsafe to use – check with Health Canada if uncertain.

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
<p>comforters, stuffed toys and bumper pads in the baby's crib as these could prevent proper air circulation around your baby's face. Plastics, such as the manufacturer's mattress wrapping, may also prevent air circulation, and should be removed to reduce the risk of SIDS and also suffocation.</p>	<p>add to the list of items to avoid: sleep positioners, duvets, quilts, and lambskins; crib mattresses should be firm and tight-fitting;</p>	<ul style="list-style-type: none"> ▪ There may not be enough room in the parents' bedroom for a full-sized crib – offer alternatives. ▪ Low-income groups are less likely to have access to a crib. ▪ Need to address the issue of bassinet safety standards since this is probably the most common sleep surface for the 1st month of life. Health Canada is in the process of establishing requirements for bassinets under the Hazardous Products Act (HPA) Cribs & Cradles Regulations. Link to consultation document: http://www.hc-sc.gc.ca/cps-spc/advisories-avis/info-ind/crib_cradle-reg-lit_berceau-eng.php ▪ Avoid adult pillows and comforters. Pillows should never be used around infants in any circumstances. ▪ Do not roll towels or blankets to keep baby in place. Do not use positioners to keep baby on back. ▪ Include a new section on “Unsafe Sleeping Environment”. ▪ Suggested that the sentence on plastics be removed.
<p>Bedsharing</p> <p>Bedsharing is a common practice for many families. However, the risk of SIDS will not necessarily be reduced if your baby sleeps in the same bed as a parent, brother or sister. In fact, the risk of SIDS increases if the baby sleeps with a person who smokes. Your baby is also at risk if the person has been drinking alcohol or taking drugs that may make them less able to</p>		<ul style="list-style-type: none"> ▪ A crib is the safest place for a baby to sleep. ▪ The Canadian Paediatric Society has recommended against all types of bed sharing. ▪ Unclear to the public whether bed sharing is a risk factor on its own or only when it is coupled with smoking. ▪ Recommendations about bed sharing and smoking are evidence-based – some felt others are based more on common sense. However, one participant disagreed, stating that bed sharing with young infants is a risk, even without smoking (odds ratio 2 to 2.5). ▪ A harm reduction approach is used in smoking, so why not for bed sharing, since it is supported by the evidence.

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
<p>respond to the baby.</p>		<ul style="list-style-type: none"> ▪ No adult bed is a safe place for an infant to sleep, so there should be no mention of “how to bedshare safely”. ▪ People bedshare because they feel that it is the safest place for an infant to sleep, because they’re breastfeeding or feel they can provide more supervision of the baby if they’re in the same bed.
<p>A Smoke- and Drug-Free Environment</p> <p>Create a smoke- and drug-free environment for your baby before and after birth.</p> <p>Avoid using drugs such as alcohol, marijuana, crack, cocaine and heroin if you are pregnant, planning to become pregnant or breastfeeding. No one should smoke near your baby, not only for your baby's health, but also to reduce the risk of SIDS.</p>		<ul style="list-style-type: none"> ▪ Smoking and drug use should be treated separately. ▪ Substances (drugs and alcohol) that decreases vigilance should be covered in “safe sleeping environment” section. ▪ Do not enumerate drugs because some will be missed. ▪ A smoke-free environment needs to be one of the key messages. ▪ Smoking during pregnancy is the most important risk factor. ▪ The message should address pre-natal and post-natal smoking, as well as secondhand smoke from people other than the mother. ▪ Smoking during pregnancy carries the highest risk, but there is a small risk if the father smokes pre-natally. ▪ The risk of SIDS is increased by continuing to smoke, especially while in bed with an infant. ▪ There are programs in Canada to assist expectant mothers and mothers who want to quit smoking. (See www.pregnets.org.) ▪ Mothers who are unable to quit smoking pre-natally are more likely to be depressed post-natally. Even for those who have quit, given that tobacco is used to self-medicate for depression, this puts women with postpartum depression at risk of relapsing. ▪ Disadvantaged populations have had a higher risk of SIDS, in

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
		<ul style="list-style-type: none"> part because low income groups are more likely to smoke. ▪ Reference was made to the information released by Australia – SIDS and Kids. ▪ Fewer studies show that there is an increased risk of SIDS as a result of recreational drug use. ▪ There may be a connection between drug use during pregnancy and SIDS.
<p>Dressing Baby For Sleep Keep your baby warm — not hot.</p> <p>Babies need to be warm, but they should not become too hot. If the room temperature is right for you, it's right for the baby, too. To check if your baby is too hot, place your hand on the back of his or her neck. Your baby should not be sweating. Use lightweight blankets which you can add or take away according to the room temperature.</p>	<p><i>Comments received prior to the roundtable:</i> add message avoid overheating</p>	<ul style="list-style-type: none"> ▪ The message on overheating should be removed as it was an issue for infants placed on their stomachs to sleep. ▪ Being too warm or overheating are risk factors for SIDS in babies sleeping on their stomach. This text should be removed. ▪ See Mitchell E, Arch. Dis. Child. 2007;92;155-159.
<p>Breastfeeding</p> <p>Breastfeeding is good for your baby.</p> <p>Breastfeeding is the best way to feed your baby. It has many benefits and may give some protection against SIDS.</p>		<ul style="list-style-type: none"> ▪ New research shows that there is some evidence that there is a protective effect of breastfeeding with respect to SIDS. Newer studies may change some of the balance of the weight of evidence on this. ▪ However, inclusion of this reference to breastfeeding was questioned as there may be confounding factors as to why the rate of SIDS is lower for breastfed babies, e.g., most mothers who breastfeed are not smokers. ▪ Some felt a breastfeeding message was inappropriate, while

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
		<p>others thought that it is a simple, general message that fits.</p> <ul style="list-style-type: none"> ▪ Could go under a section on good practices.
<p>Back Cover</p> <p>It is really important that parents who have lost a child due to SIDS should not blame themselves. Until the cause or causes of SIDS are found, research can only show us how to reduce the risks. For more information on SIDS call 1-800-END-SIDS or visit www.phac-aspc.gc.ca</p>		<ul style="list-style-type: none"> ▪ Suggested new wording: “New research is allowing us, more and more, to find the specific causes for SIDS, and how to reduce the risk.” ▪ Since both SIDS and other causes of death (unintentional accidents/injury) will be addressed, new wording is required.
Issues <u>NOT</u> addressed in 1999 Brochure	Points Raised during the Roundtable	
<p>1) Pacifiers (dummies or soothers)</p>	<ul style="list-style-type: none"> ▪ There are issues surrounding information available on the connection between pacifiers and SIDS. ▪ Rather than actively promoting pacifier use, it would suffice to say that if your baby has started to use a pacifier, continue to offer it at sleep time. ▪ The issue of pacifiers could be addressed in a FAQ section. 	
<p>2) Room Sharing</p>	<ul style="list-style-type: none"> ▪ Room size is an issue as many bedrooms do not have room for an adult bed and full-sized crib. ▪ The evidence is not conclusive as to why room sharing is a prevention strategy for sudden death. ▪ There is no known risk for room sharing. ▪ Could be re-enforced as a good practice. 	
<p>3) Unsafe Sleeping Products (being left to sleep for extended periods of time in products, such as car seats, infant swings, etc, that keep infants in an upright position)</p>	<ul style="list-style-type: none"> ▪ Emphasize product safety information (bassinets, playpens, car seats, bedding, etc.) ▪ Bassinet use very common the first month of life. ▪ Just because a product is sold does not make it safe. ▪ Competing with consumerism. ▪ Illustrate what a safe sleeping environment looks like. 	

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
4) Unsafe Sleeping Surfaces (water bed, air mattress, sofa, futon, beanbag, memory foam)		<ul style="list-style-type: none"> ▪ A wide range of unsafe sleep surfaces should be addressed. ▪ It is an increasingly common practice for an infant to be placed to sleep on the chest of a parent who is lying on a couch. ▪ Should be dealt with in a separate section on safe sleeping environment.
5) General Comments		<ul style="list-style-type: none"> ▪ The focus should be on sudden death in infants (not SIDS or SUD). The CFSID has received feedback that parents didn't read the brochure because they thought that SIDS couldn't happen to their baby. They said that they would have read it if they'd known it was about the safety of their baby. ▪ It would be best to deal with SUDI and SIDS together, and to focus on safe sleep practices to reduce the risk of both SIDS and unintentional accidents (e.g., suffocation from overlay) from occurring during sleep time. ▪ Consider limiting brochure to 3 points to decrease the risk of sudden deaths: no smoking during pregnancy, back to sleep, and safe sleeping environment. These 3 points will cover >90% of deaths. ▪ The safest sleep position is on the baby's back – babies coming home from the hospital should be placed to sleep on their backs (many infants are placed on their stomach while in the hospital and parents repeat this observed behaviour). ▪ Look at the new trend of “wrapping” or swaddling babies as parents tend to believe that it leads to improved sleep. ▪ It is important to stage the information in the brochure pre-natally, immediately after birth and post-natally. ▪ A large proportion of the population does not speak English or French, so the illustrations will have to be very clear about the risks. ▪ The brochure should be simple, but not so simple as to leave out important messages. ▪ The brochure should have lots of visual interest, with carefully chosen images and graphics. ▪ The brochure should meet the needs of those with low literacy levels. ▪ The revised brochure could have the key messages on pull-up tabs that reveal additional information underneath. ▪ Messages need to be tailored so that they can be embraced by special populations with different cultures, such as Aboriginal peoples.

Old Content from 1999 Brochure	Revisions Required (Yes/No)?	Points Raised during the Roundtable
		<ul style="list-style-type: none"> ▪ The rate of SIDS is going down much faster in the non-Aboriginal population – are there Aboriginal issues surrounding SIDS that should be taken into account in the brochure? ▪ Some of the issues with Aboriginal populations may be the use of slings, hammocks and swaddling devices. ▪ Distribution mechanisms should be reviewed to allow for increased dissemination, especially to Aboriginal peoples. ▪ The advice given should not be controversial. ▪ Modifiable risk factors should be the focus. ▪ If there is no biological evidence base, it is only ethical to provide advice if it definitely will not cause harm. ▪ There should be a teaching guide on safe sleep for health care professionals. ▪ Consider developing a door hanger with key safe sleep messages. ▪ The (U.S.) National Institute of Health (NIH) has messages on SIDS for parents, health care providers, caregivers and a Question and Answer fact sheet through its Back to Sleep Campaign – an initiative of the National Institute of Child Health and Human Development (NICHD). (See http://www.nichd.nih.gov/news/releases/sids_risk.cfm) ▪ The NICHD joined forces in 2003 with three national African American Women's organizations in a year-long program to reduce the risk of SIDS among African American infants. (See http://www.nichd.nih.gov/news/releases/sids_risk.cfm and http://www.nichd.nih.gov/publications/pubs/upload/safe_sleep_aa1.pdf - revised 2005.) ▪ SIDS information is based on old research methods.